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The Politics of Care: A Critical Analysis of Arogya Niketan

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Abstract: Literature plays a significant role in understanding the experience of illness and promotes an understanding of the lived reality. The lived reality is often miscommunicated and misinterpreted as the doctor is expected to possess all knowledge of illness that the patient undergoes. Moreover, the doctor hardly acknowledges the limitation to treat completely when illness is life threatening and carry the burden of saving, when extending and providing quality is the only possibility. The use of medical terminologies by doctors creates a gap between the doctor-patient relationship, as the affected feels a void between the people around. The void can be palpable when articulated effectively and the world of sickness is not misguided by assumptions and misconceptions like social stigmas and stereotypes on illness. Arogya Niketan by Tarasankar Banerjee explores human health, suffering and death in close quarters. The story revolves around the doctor, Jiban Moshay, who unravels an ailment and predict the longevity of the person by checking the pulse of the patient which is illogical. The conflict between Jiban Moshay and Pradyut alludes the treatment between ayurveda and allopathy and how ages before the southern perspective on holistic care of the patient, where medicine is not business but a means of vocation is installed. The gradual transition from holistic treatment to western concept of treating only the disease can be seen. The need for integrating human connection becomes a realization to Pradyut who witnesses the death of Moshay. The paper attempts to explore the entanglements in doctor-patient relationships by using the concept of Foucault's medical gaze. The concept of medical gaze seeks to establish how medical professionals objectify the 'patients' body' from the 'patient's person The framework of critical medical humanities helps us to foster the need for empathy, ethics in medicine and the importance of social justice. Additionally, the non-medical aspects like infallibility, intuition, beliefs are interrogated.

Keywords: Critical medical humanities, Doctor-patient, Ethics in medicine, Medical gaze, Non-medical.

People from many cultures have relied on various medical systems to treat their ailments from times antiquity to the present. The principles of Yin and Yang and the movement of Qi through the body were followed in traditional Chinese medicine. Chinese medicine uses a variety of techniques, including tui na (massage), nutritional therapy, acupuncture, and medicines to cure illnesses. Traditional Islamic medicine emphasized preventive measures and focused on upholding balanced food and a healthy lifestyle. In a similar vein, extracts from natural plants and herbs were used in ancient African medicine to enable healing. While Naturopathy relies on natural therapies like hydrotherapy, herbs, and lifestyle changes, Homeopathy, founded in Germany still uses diluted medicines to enhance the body's inherent capacities. In India, the system of Ayurveda has been considered an ancient form of healing and deals with the overall health of the individual. Even though different cultures employ their own therapeutic modalities, western medicine seems to dominate across the globe due to its scientific approach. The novel Arogya Niketan speaks about the clash between western medicine and Ayurveda. Ayurveda lacks scientific evidence since it is based on intuition, while western medicine generalizes diseases through symptoms, which gives both methods a space to critique their methods. Arogya Niketan opens room for discussion on what it is to be human while a person is being treated. The patronising role of doctors and the submissive position of patients remain the sub-text of the novel. The principles of Critical Medical Humanities help us to analyse the entanglements that exist in the doctor-patient relationship, like intuition, willpower, infallibility, and beliefs in these two systems of treatment. It helps one to delve deep into the life of the patient and enables an understanding the non-medical aspects, as it plays a crucial role in shaping the lives of the patient. Arogya Niketan is considered to be one of the finest novels in world literature. The novel begins with a prologue where the establishment called Arogya Niketan is introduced. It is claimed to be neither a 'hospital nor a charitable dispensary' but was set up by a family of three generations in Debipur, who dedicated themselves to the service of humanity. When the novel opens, Arogya Niketan is in a dilapidated condition. The conversation begins between an accountant, Thakurdas Mishra, and the founder of Arogya Niketan, Kabiraju Jagabandhu Mishra. What is the greatest gain in the world? Jagatbandhu quotes Yudhishthira's saying that 'Labhanang sreya arogyam' which means that attaining good health is the greatest gain in the world. Thakurdas criticizes

Ayurveda as the cheapest means of making medicine and obtaining high returns, whether it saves the patient's life or not. Within a few days, Mishra falls ill and accepts Jagatbandhu's statement that health is the primary gift that one can hope for. The novel then turns to Jiban Moshay, son of Jagatbandhu. His way of treatment is narrated, how he is able to read the pulse of a patient and predict the outcome of the disease. He is blessed with the ability to understand the cause and nature of disease and decide whether it is life-threatening. Moshay carries no inhibition in speaking openly to the patient if he or she is counting days. To him breaking the news of death is not intentional or deliberate; but is sanctioned by sheer necessity. The novel is set in Bengal, and various instances where Moshay is able to cure the ailment and predict death are detailed. The novel foregrounds the idea that Ayurveda is one of the ancient practices of medicine and how it may outlive Allopathy as it is believed to be more humane in its approach. The emergence of Allopathy has proved to be a backlash for Ayurveda. But Ayurveda holds its own position even with the passage of time. The clash between Moshay and Pradyut and, how Pradyut ultimately realizes that Allopathy has its own limitations and embraces the ideals of Moshay provides the narrative thread of novel. The gradual transition of Bengal after independence from Ayurveda to Allopathy, leading to the spread of Allopathy in the region and people's interest in following it, is narrated in detail. Jiban Dutta initially chooses to follow the system of Allopathy as it has already established a name and gained the unfailing trust of the people. In course of time, he falls in love with Manjula and leaves Calcutta Medical College. Later on, we see Moshay joining his father's school of medicine and its cardinal principles. However, his scientific bent of mind keeps fluctuating. The novel also delves deep into the mind of Dr. Ranglal, who practiced allopathy. He hardly spoke of death to the patient, but if asked, he would say, 'medicine can cure disease, but cannot prevent death'. He used to get the cadavers from burning ghats and rivers and learn anatomy by dissecting them. His influence on Jiban Dutta is profound. An incident where Moshay is asked to dissect the cadavers but finds it difficult to do so and escapes from the scene is mentioned in the novel. The distaste that Moshay has for dissecting dead bodies is understandable; however, relying only on his intuitions for diagnosing illness and disease seems doubtful. The story how death became blind, deaf, and dumb is told in a gripping manner in the novel, setting the tone for what is to follow. The novel also traces how Jiban used to treat people right from their early years and how closely he is associated with them. He relives this memory each time he meets a patient. Death, illness and relationship based on trust, grudge and competition is gradually unfolded in the novel, weaving a telling narrative of belief and disbelief. "Yet, at the end of the

day, it has been proven that Jiban Moshay was infallible. No, it was not Jiban Moshay, it was the diagnosis from pulse reading that was sure-fire." (32) The fictional world of the novel represents stark realities underlying the general idea that doctors are meant to have supreme knowledge of all kinds of illnesses that afflict human beings. While Jiban Moshay is considered to be infallible in his work, it provides extra pressure on him never to make mistakes. Mistakes happen in every profession but in the medical field, the price is huge as it costs the life of the patient. The conceptual framework of Critical Medical Humanities helps us to understand the importance of having conversations and interrogating the relevance of 'infallible' bestowed upon those treating the sick. While doctors are expected to be infallible, they are put on a pedestal where they are supposed to be always right in their diagnosis and treatment. This in turn puts them in a position of authority and the patient is considered the subject to obey their orders. "Language functions in various contexts to demonstrate the ways in which knowledge production serves particular political interests". (Medical Humanities: An Introduction 334). Doctors being considered infallible inevitably positions the patient as fallible. Being open to the awareness of the patient regarding his/her illness and responding is the primary function of the doctors. According to Foucault knowledge is ubiquitous and keeps shifting. Nobody, not even doctors are exempt from this adage. Jiban Moshay recollects in the novel how he learnt the art of doctoring from his father. "… when you enter his room, take a deep breath and try to feel the smell before you examine the patient. You will learn a lot about the ailment once your patient tells you about his discomforts. After that you have to check the pulse, which is the most important thing to do. Then comes examination of his tongue and checking his stool. You will also have to touch his stomach, chest and diaphragm in the process of your examination but the first and the most important step should be to examine the pulse. (Arogya Niketan 76) Being open to the awareness of the patient regarding his/her illness and responding with empathy is the primary function of the doctors. This seemingly holistic approach of treatment stresses what the doctor has to take into account rather than what the patient desires for. The need of the patient is not addressed; whereas the exact point of diagnosing the disease and the time to death is considered to be very important. The focus of the practitioner is on a close observation of the exterior features of the patient, but chances of mistakes that can happen from such an observation does not seem to hold much significance. Critical Medical Humanities provides a democratic forum where overlooked experiences of illnesses are considered with due seriousness. The subjective experience of the patient which remains hidden becomes visible only when articulated. The pain and agony that each patient suffers is unique and

requires conscious effort on the part of the doctor to understand them. When a doctor tries to understand the illness from his already existing knowledge, he/ she looks at the patient as an object to be studied rather than approached kindly. "What is perceived directly cannot always be trusted – the most obvious example of this is that vision to the horizon tells us that the earth is flat, and we have no sense also that the earth is moving." (Educating Doctors Senses Through Medical Humanities; How Do I Look 29)? Alan Bleakey points out that our bare senses may wrongly interpret symptoms or causes of symptoms, whereas modern diagnostic techniques enable us to detect what is near impossible to find out through the senses. However, the sensibility and sensitivity at play here affords something far beyond cold diagnostic capability – that of warm human contact and the development of embodied trust (29). Foucault states that there is an abusive power structure that persists within the doctor patient relationship. It is more often doctor oriented than patient-oriented when it comes to the diagnosis of a disease. Dr Rita Charon states that she listens to the patient and tries to absorb their presence instead of just questioning them. She positions herself as a friendly physician they can trust and to whom they can open up on their illnesses. …the probable duration of suffering and sometimes also whether the ailment is fatal, requires a tremendous amount of skilful tackling. In fact, I would use the word 'understanding' instead of tackling. The feeling should come with you. It should be your sixth sense.... (Arogya Niketan 76) The importance of intuition is enforced but the chances of making mistakes while following them is not considered. Here doctors' intuition is given priority. Doctors are taught to objectify the patient from a medical angle rather than from a humane perspective. Though Jiban's father's approach seems to be more of understanding the patient, it lacks the genuine concern of putting patients' needs at the forefront. A detailed conversation with the patient is never a point of concern for the doctor. It is important to make the patient comfortable and make him/her feel that they are not invalids, but are people who matter. Patients are in a state of powerlessness when he/she is affected with illness. Jerome Groopman has vividly explored how doctors miss diagnoses (32), and offers many important cautions and suggestions in treating a patient. (When Doctors Become Patients 23) he announced gravely that even if the old woman survived this span, she will surely die within an year. He even foretold the day when she is expected to die. He said that on the day when she would breathe her last, she would feel a fresh pang of pain in her injured leg; a strong bout of pain as if she had just suffered a fail. (Arogya Niketan 82) Jagat Moshay tells about his first experience of predicting death to his son. Foretelling the death of a patient seems to be one of the gifts that sets Moshay apart from other doctors. The privilege gives him the chance to put

patients under his control and make them feel helpless and abandoned. “It should be taken into account that doctors and patients have different, and often conflicting, interests - doctors, to perform their duties as professionals in the medical workplace, seeking to earn a living and progress in their career; patients, to alleviate the physical pain or discomfort that is disrupting their lives. (Medicine as Culture 18)” It comes from within, and whether you are blessed with this skill depends solely on your luck. If you are lucky enough to have been bestowed with it and, if you can hone your skills properly, you too will understand the spirit of the treatment. (Arogya Niketan 83) Jagat Moshay tells his son that it is sheer luck that can help a doctor to choose the best treatment. When luck is considered to be the underlying factor determining the best treatment option, it also shows how doctors try to objectify patients based on the factor of luck. As Foucault points out, doctors have a tendency to dominate the patient rather than share the details of illness or treatment protocols with the patient. As Sontag observes, “Theories that diseases are caused by mental states and can be cured by will power are always an index of how much is not understood about the physical terrain of a disease.” Jiban Moshay's internal conflict between Ayurveda and Allopathy is seen throughout the novel. After joining the Medical School, he was forced to skip medical education because of the humiliation he had to suffer. We see how doctors are determined to position their beliefs as the ultimate reality. When a person undergoes treatment, sh/e becomes a body, colonized by medicine and, for a time, their social context is overlooked (65). For Foucault, the medical encounter is a supreme example of surveillance, whereby the doctor investigates, questions and touches the exposed flesh of the patient, while the patient acquiesces, and confesses, with little knowledge why the procedures are being carried out on his body. (Medicine as Culture 37) Jagat Moshay often referred to Fate and God in the course of his treatment and diagnosis. There was a surrealist aspect to his approach of being a doctor (Arogya Niketan 142). Instead of questioning, surreal elements act as the answer and the job of diagnosing the becomes easier for Jagat Moshay. When his medicines work on people, he believes it to be his talent but when he fails,he solves it in the name of Fate and God. As Foucault suggests, the medical tribe puts the patient in a state of powerlessness by relegating him to the whims of Fate and God. Dr Haran who practises Allopathy has an affinity towards Moshay. There is a constant conflict between emotion and reason that pulls the patient in two directions. Willpower is always believed to play a major factor in treatment. It often overpowers the effect of medicines, determining how much a man wants to recover, wants to live. Arts and Humanities often create ambiguity, to destabilize and challenge unproductive habits such as abusive exercise of legitimate authority, to enable

creative ways of living to emerge. This, again, is the basis to democracy. (Medical Humanities and Medical Education 157). One of the faults of western medicine is that it rarely acknowledges the patient's subjective experience influenced cultural, social, economic, and political factors. Foucault develops the concept of 'the medical gaze', to describe how doctors modify the patient's story, fitting it into a biomedical paradigm, filtering out non-biomedical material. A 'gaze' is an act of selecting what we consider to be the relevant elements of the total data stream available. Doctors tend to pick the biomedical bits of the patients' problems and ignore the rest because it suits them best that way. Medical gaze thus refers to a reductionist thinking about diseases by medical professionals. When the doctor hears the patient's problems, the mental gaze of the doctor bypasses the patient's selfhood and he/she looks into the body of the patient dwelling on the possible abnormality in tissues and organs. This gaze according to Foucault is institutional rather than individual, because it is not the sum of clinical knowledge gathered through interaction with the patients. This paper tries to analyse the complex entanglements in the doctor-patient relationship in the novel 'Arogya Niketan'. The problematic nature of this bonding comprises of non-medical aspects like the infallibility thrust upon doctors like Jiban Moshay, who believe that doctors are not supposed to make mistakes. Mistakes are inevitable in the medical profession; acknowledging them is important too. Doctors are often portrayed as demi-gods who are the subject of great veneration. This inevitably puts them under pressure to be always correct and the person being treated as inferior beings. It ignores the patient's stand on what he/she feels about his/her disease. It is important to maintain the overall well-being of the patient, which helps the process of healing. The patients who receive Moshay's treatment that emphasizes the play of Fate and God, come to believe that illness is predestined by God, disregarding the significance of understanding, therapy and personal fortitude required to deal with illnesses. The framework of Critical Medical Humanities necessitates the importance of having informed conversations to make the world a better place to live in.

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